



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

BREATH ALCOHOL PROGRAM

JUN -8 7<sup>PM</sup>

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN: 204096	DATE OF INSPECTION 5-28-09
LOCATION OF INSTRUMENT (STREET AND CITY) Marion Co. Sheriff's Dept., 1703 Marion City Rd., Palmyra, MO 63461	TIME OF INSPECTION 2241

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C)	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .097	TEST 3 <input checked="" type="checkbox"/> .098
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)						
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)						
REFUSALS /	(0-.04) 2	(.05-.09) 1	(.10-.14) 1	(.15-.19) 0	(Over .19) 2	

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)


Instrument meets Dept. of Health specs., Guth Labs., 10 solution, lot no. 08340, exp. 10-15-09

<b>INSPECTING OFFICER</b>	
SIGNATURE B. C. Griffin	PRINT NAME B. C. Griffin
TYPE II PERMIT NUMBER/EXPIRATION DATE 920080 / 04-22-2011	TELEPHONE NUMBER (660) 385-2132



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

Face This Side Down -- This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 264096  
05/22/09  
82741

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
HEATERS:	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP:	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~"

Operator Signature

*B. C. Hill*

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204096  
05/28/09

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

PERMIT NUMBER: 920080

EXPIRATION DATE: 04/22/11

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	22:54
INTERNAL STANDARD	VERIFIED	22:54
EXTERNAL STANDARD	.097	22:54
BLANK TEST	.000	22:55
EXTERNAL STANDARD	.097	22:55
BLANK TEST	.000	22:56
EXTERNAL STANDARD	.098	22:56
BLANK TEST	.000	22:57

N = 0

SIM. = .11

AVG. = .0973

Operator Signature

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CMSU 2

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## BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204096  
05/28/09

ARREST TIME: 22:00

SUBJECT NAME:

TEST

DOB: 01/01/81 SEX: M

STATE/D.L.: MO/1234567890

ARRESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 0429

PERMIT NUMBER: 920080

EXPIRATION DATE: 04/22/11

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	23:05
INTERNAL STANDARD	VERIFIED	23:05
RADIO INTERFERENCE		

Operator Signature

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CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



BRANDON GRIFFIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09  
Number 920080  
Expires 04/22/2011

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health